

12115

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Graham</u>	BUREAU OF VITAL STATISTICS		
District of <u>Safford</u>	ORIGINAL CERTIFICATE OF BIRTH		
Town of <u>Safford</u>	State Index No. <u>217</u>		
or	County Registrar No. <u>5-08</u>		
City of _____	Local Registrar No. <u>476</u>		
2. Full name of child <u>Thula Roberta Reed</u>			
3. Sex of Child <u>female</u>			
4. Twin, triplet or other <u>x</u>			
5. Legitimate? <u>yes</u>			
6. Date of birth <u>Nov. 11. 1924</u>			
7. Month <u>Nov.</u> day <u>11</u> year <u>1924</u>			
8. Full name of FATHER <u>Robert E. Reed</u>		14. Full maiden name of MOTHER <u>Maud Luster</u>	
9. Residence (Usual place of abode) <u>Safford</u>		15. Residence (Usual place of abode) <u>Safford</u>	
10. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>45</u> (Years)		17. Age at last birthday <u>42</u> (Years)	
12. Birthplace (city or place) <u>Lexington</u>		18. Birthplace (city or place) <u>Hawkins County</u>	
(State or country) <u>Kentucky</u>		(State or country) <u>Tennessee</u>	
13. Occupation <u>farming</u>		19. Occupation <u>housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother			
(Taken as of time of birth of child herein certified and including this child.)			
(a) Born alive and now living <u>5</u>			
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10:20 P.M.</u> on the date above stated.			
(Born alive <u>born alive</u>)			
Signature <u>D. D. Schenck</u>			
Address <u>Safford</u>			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.			
Given name added from supplemental report _____			
Month, day, year. _____			
Registrar. _____			
Filed <u>Dec 9 1924</u> <u>Hattie W. Schenck</u>			
County Registrar.			

394-1111-439